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SHOWN BELOW:
Date of Transmission: 10/11/05
Name of Person Making Transmission: Linda
Roberts-Jackson
Signature: 

DOCUMENT(S) FAXED: (MARKED WITH X) **32** PAGES ATTACHED

Re Applic of	Edward Barth, et al.
Docket No.	FIS9-1999-0263US2
Serial No.	10/659,778
Filing Date	09/10/03
Attorney	LISA J. ULRICH

Document(s) Attached: AFTER FINAL AMENDMENT, AMENDMENT TRANSMITTAL LETTER,
RCE, IDS, REFERENCES - 2

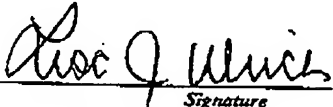
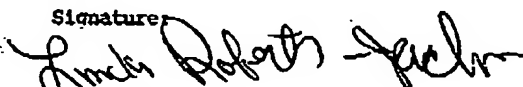
PLEASE DELIVER TO:

EXAMINER: NOVACEK, CHRISTY L.
ART UNIT: 2822
PHONE NO: 571- 272-1839
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INTERNATIONAL BUSINESS
MACHINES CORPORATION

Intellectual Property Law
East Fishkill Facility
2070 Route 52
Hopewell Junction
New York 12533-6531
Fax: 845-892-6363
Phone: 845-894-3338

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. FIS919990263US2	
Applicant(s): Edward Barth, et al.						
Application No. 10/659,778	Filing Date 9/10/03	Examiner Novacek, Christy L.	Customer No. 32074	Group Art Unit 2822	Confirmation No. 5616	
Invention: Dual-Damascene Interconnect Structure Using Low Stress Fluorosilicate Insulator with Copper Conductors						
<u>COMMISSIONER FOR PATENTS:</u>				RECEIVED CENTRAL FAX CENTER OCT 11 2005		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	12	20	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1	3	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 090458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: 10/11/05			
Lisa J. Ulrich, Reg. No. 45,168 International Business Machines Corporation 2070 Route 52 / Zip 482 Hopewell Junction, NY 12533 Fax No. (845) 892-6363			<div style="border: 1px solid black; padding: 5px;"> CERTIFICATION OF FACSIMILE TRANSMISSION: I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: 10/11/05 Name of Person Making Transmission: Linda Roberts-Jackson Signature:  </div>			
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P11LARGE/REV05